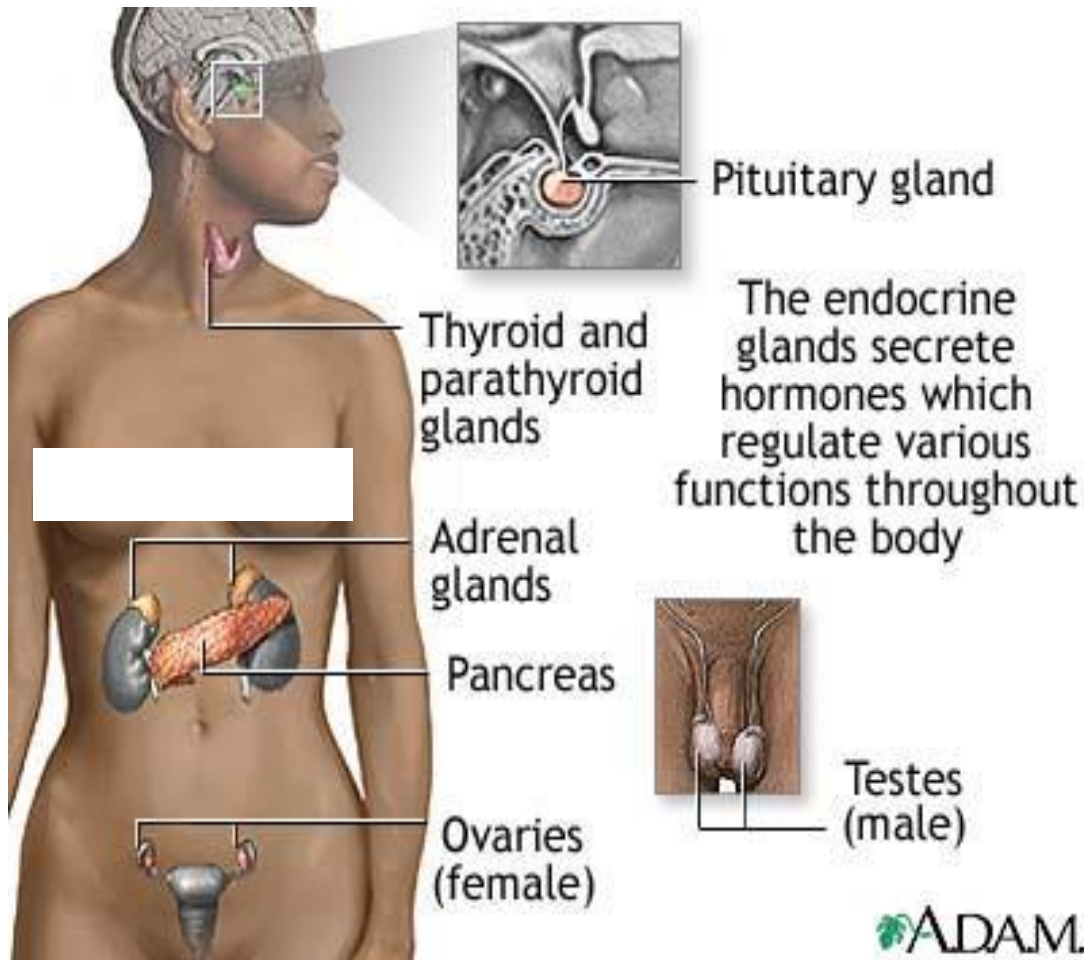


ENDOCRINE HISTORY TAKING

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- ENDOCRINE SYMPTOMS AND SIGNS ARE RARELY SPECIFIC...
AND ENDOCRINE DISORDERS AFFECT THE WHOLE BODY AND
CAUSE DIFFUSE SYMPTOMS AND SIGNS...



✓ **Subjective Data...**

✓ **Objective Data...**

How do we take history...?

- **SET UP OF HISTORY TAKING :**

- In the outpatient clinic
- In the inpatient clinic

- **ALWAYS**

- a) **INTRODUCE YOURSELF TO THE PATIENT AND EXPLAIN TO HIM OR HER WHAT YOU ARE GOING TO DO...**
- b) **GET A CHAPERON WHEN YOU INTERVIEW A FEMALE PATIENT...**

The History and Physical Examination: Comprehensive or Focused?

Comprehensive Assessment

- ▶ Is appropriate for new patients in the office or hospital
- ▶ Provides fundamental and personalized knowledge about the patient
- ▶ Strengthens the clinician–patient relationship
- ▶ Helps identify or rule out physical causes related to patient concerns
- ▶ Provides baselines for future assessments
- ▶ Creates platform for health promotion through education and counseling
- ▶ Develops proficiency in the essential skills of physical examination

Focused Assessment

- ▶ Is appropriate for established patients, especially during routine or urgent care visits
- ▶ Addresses focused concerns or symptoms
- ▶ Assesses symptoms restricted to a specific body system
- ▶ Applies examination methods relevant to assessing the concern or problem as precisely and carefully as possible

ALWAYS RECORD PATIENT'S...

- **Name**
- **Age**
- **Sex**
- **Marital status**
- **Occupation**
- **Address**
- **Date of interview**

COMPONENTS OF THE HISTORY

- ❖ The present complaint
- ❖ The history of the present complaint
- ❖ Remaining questions of abnormal system
- ❖ Past medical history
- ❖ Past surgical history
- ❖ Drug history
- ❖ Immunizations
- ❖ Family history
- ❖ Social history & habits
- ❖ Review of systems...

PRESENTING COMPLAINT

WHAT IS THE PROBLEM LATELY. ALTERNATIVELY: WHAT IS THE PROBLEM THAT BROUGHT YOU TO HOSPITAL [RECORD IN PT'S OWN WORDS...]

History of presenting complaint...

SOCRATES:

- 1) **Site:** where, local/ diffuse, "Show me where it is worst".
- 2) **Onset:** rapid/ gradual, pattern, worse/ better, what did when symptom began.
- 3) **Character:** vertigo/ lightheaded, pain: sharp/ dull/ stab/ burn/ cramp/ crushing.
- 4) **Radiation** [usually just if pain].
- 5) **Alleviating factors**, "What do you do after it comes on?"
- 6) **Time course:** when last felt well, chronic: why came now.
- 7) **Exacerbating factors**, "What are you doing when it comes on?".
- 8) **Severity:** scale of 1-10.
- 9) **Associated symptoms...**

THE SEVEN ATTRIBUTES OF A SYMPTOM

1. **Location.** Where is it? Does it radiate?
2. **Quality.** What is it like?
3. **Quantity or severity.** How bad is it? (For pain, ask for a rating on a scale of 1 to 10.)
4. **Timing.** When did (does) it start? How long does it last? How often does it come?
5. **Setting in which it occurs.** Include environmental factors, personal activities, emotional reactions, or other circumstances that may have contributed to the illness.
6. **Remitting or exacerbating factors.** Is there anything that makes it better or worse?
7. **Associated manifestations.** Have you noticed anything else that accompanies it?

PAST MEDICAL, SURGICAL HISTORY

- Past illnesses, operations...
- Childhood illness, obs/gyn...
- Tests and treatment prescribed for these...
- Drugs remaining relevant: corticosteroids, OCP, anti-HTN, chemotherapy...

Checklist of diseases (MJ THREADS) :

MI

Jaundice

TB

HTN ["Anyone told you, you have high BP?"]

Rheumatic fever

Epilepsy

Asthma

Diabetes

Stroke

GYNECOLOGICAL HISTORY

- ❖ Time of menarche, if periods regular, menopause...
- ❖ Possibility of pregnant, number of children, number of miscarriages...
- ❖ Length of cycles, length of period, first day of your last period

Family history

- ✓ The current complaint in parents/ siblings: health, cause of death, age of onset, age of death [eg: heart dz, bowel CA, breast CA].
- ✓ Health of parents/ siblings/ children: "Are your parents still alive?" "How is the health of your..."
- ✓ Hereditary dz suspected: do a family tree...

SOCIAL, PERSONAL HISTORY

- Birthplace, residence...
- Race and migration [if relevant].
- Present occupation [and what do they do there], level of education.
- Social habits [if relevant].
- Smoking: "Ever smoked, how many per day, for how long, type [cigarette, pipe]".
- Alcohol: do you drink. If yes: type, how much, how often.
- Travel: where, how lived when there, immunization/ prophylactic status when went...
- Marital status [and quality], health of spouse/ children, sex activity [discretely if...]
- Other household members, pets [if infections/ allergies], social support, whether patient can manage at home: "Who's with you there at home".
- Diet, physical activity.
- Community care: home help, meals on wheels.
- "Is there some things that worry you about the symptoms you are having?"

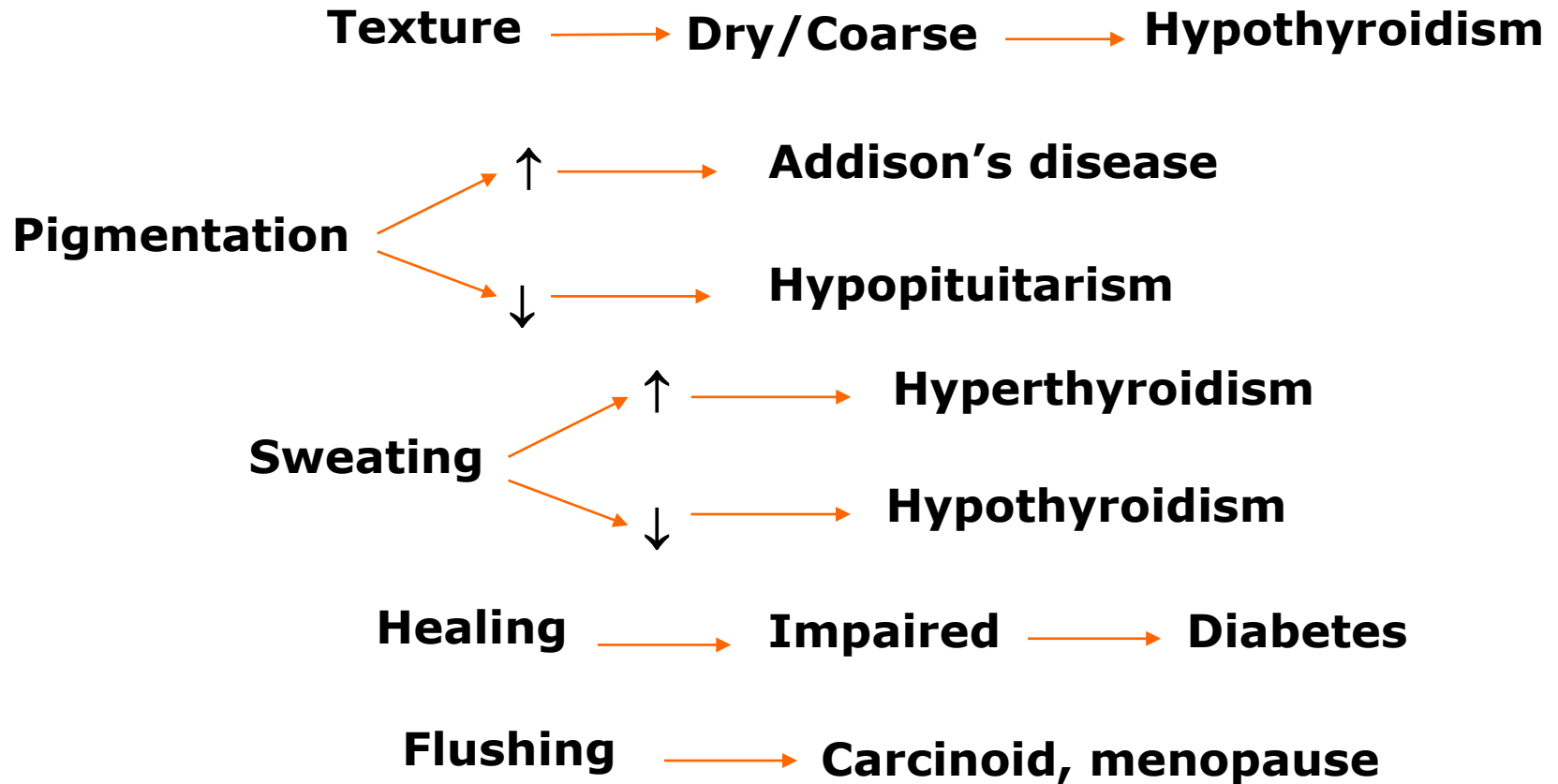
DRUG HISTORY

- ✓ Prescriptions currently on [don't trust their written doses, do your own when re-prescribe].
- ✓ Over-the-counters.
- ✓ OCP...
- ✓ Supplements, HRT...
- ✓ Alternative medications.
- ✓ Recreational drugs...
- ✓ Allergies: drugs [and what was reaction], dyes. Pt. often will confuse side effect with a reaction.

REVIEW OF SYSTEMS...

- Skin and Appendages
- The Gastro-intestinal system
- The Respiratory system
- The Cardiovascular system
- The Urogenital system
- The Nervous system
- The Musculoskeletal system

SKIN AND APPENDAGES



Scalp Hair → ↓ → **Hypothyroidism, Hyperthyroidism**

Facial hair → ↓ → **Hypopituitarism, Hypogonadism**
→ ↑ → **Hirsutism**

Body hair → **Abnormal distribution** → ↓ **Hypopit.**
→ ↑ **Hirsutism Virilization**

HEAD AND NECK

Eyes:

- Protrusion
- Redness
- Tear
- Blurred vision (intermittent)
- Pain
- Diplopia
- Edema

Neck :

- pain – swelling
- Hoarseness
- Voice change
- Headaches

GASTROINTESTINAL

Appetite ↑

- hyperthyroidism
- Diabetes – cushing - insulinoma

Appetite ↓

- Addison's disease - hypothyroidism
- Hypercalcemia - panhypopituitarism

Diarrhea

- Hyperthyroidism – carcinoid - VIPoma
- Addison's

Constipation

- Hypothyroidism - hypercalcemia

Abdominal pain :

- Addison
- thyroid storm
- D.K.A
- pancreatitis

Eating habits and patterns:

- obesity
- anorexia nervosa

Salt craving

- Addison's disease

THE RESPIRATORY SYSTEM

- ❖ Cough
- ❖ Sputum
- ❖ Haemoptysis
- ❖ Dyspnoea
- ❖ Orthopnoea
- ❖ Chest pain

THE CARDIOVASCULAR SYSTEM

- ❖ Chest Pain
- ❖ Dyspnoea
- ❖ Orthopnoea
- ❖ Palpitations
- ❖ Cough and sputum
- ❖ Dizziness and headache
- ❖ Ankle swelling
- ❖ Peripheral vascular symptoms

MUSCULOSKELETAL SYSTEM

➤ **Increase in size of hands and feet**

- Shorter stature
- Acromegaly and gigantism

➤ **Muscle cramps**

- Hypothyroidism
- Hypoparathyroidism

➤ **Localized bone pains**

- Hyperparathyroidism
- Osteoporosis

- Bone pains or tenderness
- Periodic paralysis
- F.X
- Bone mass
- Muscle weakness

GENITOURINARY

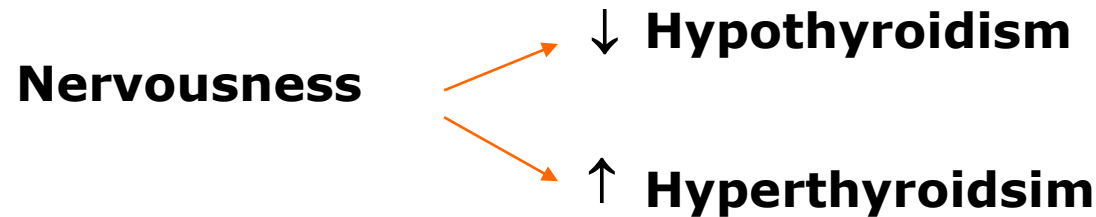
Reproductive

- Puberty
- Loss of libido
- Impotence
- Amenorrhea
- Lack of or change in sexual development
- Galactorrhea
- Failure of lactation
- Gynecomastia

Polyuria:

- D.I
- D.M
- Hypokalemia
- Hypercalcemia

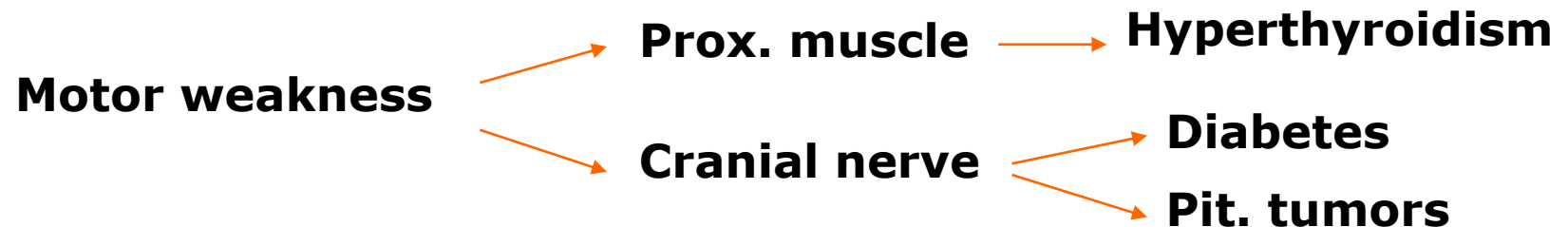
CENTRAL NERVOUS SYSTEM



Mental Activity → **Decreased** → **Hypothyroidism**

Vision → **Alteration** → **Diabetes, Pit. tumors**

Tremor → **Hyperthyroidism**



8/30/05 11:00 AM

Mrs. N is a pleasant, 54-year-old widowed saleswoman residing in Amarillo, Texas.

Referral. None

Source and Reliability. Self-referred; seems reliable.

Chief Complaint: "My head aches."

Present Illness: For about 3 months, Mrs. N has had increasing problems with frontal headaches. These are usually bifrontal, throbbing, and mild to moderately severe. She has missed work on several occasions because of associated nausea and vomiting. Headaches now average once a week, usually related to stress, and last 4 to 6 hours. They are relieved by sleep and putting a damp towel over the forehead. There is little relief from aspirin. No associated visual changes, motor-sensory deficits, or paresthesias.

"Sick headaches" with nausea and vomiting began at age 15, recurred throughout her mid-20s, then decreased to one every 2 or 3 months and almost disappeared.

The patient reports increased pressure at work from a new and demanding boss; she is also worried about her daughter (see *Personal and*

Social History). Thinks her headaches may be like those in the past, but wants to be sure because her mother died of a stroke. She is concerned that they interfere with her work and make her irritable with her family. She eats three meals a day and drinks three cups of coffee per day; cola at night.

Medications. Aspirin, 1 to 2 tablets every 4 to 6 hours as needed. "Water pill" in the past for ankle swelling, none recently.

**Allergies*. Ampicillin causes rash.

Tobacco. About 1 pack of cigarettes per day since age 18 (36 pack-years).

Alcohol/drugs. Wine on rare occasions. No illicit drugs.

Past History

Childhood Illnesses. Measles, chickenpox. No scarlet fever or rheumatic fever.

Adult Illnesses. **Medical:** Pyelonephritis, 1982, with fever and right flank pain; treated with ampicillin; develop generalized rash with itching several days later. Reports kidney x-rays were normal; no recurrence of infection.

Surgical: Tonsillectomy, age 6; appendectomy, age 13. Sutures for laceration, 1991, after stepping on glass. **Ob/Gyn:** G3P3, with normal vaginal deliveries. 3 living children. Menarche age 12. Last menses 6 months ago. Little interest in sex, and not sexually active. No concerns about HIV infection. **Psychiatric:** None.

Review of Systems

***General.** Has *gained* about 10 lb in the past 4 years.

Skin. No rashes or other changes.

Head, Eyes, Ears, Nose, Throat (HEENT). See *Present Illness*. No history of head injury. *Eyes:* Reading glasses for 5 years, last checked 1 year ago. No symptoms. *Ears:* Hearing good. No tinnitus, vertigo, infections. *Nose, sinuses:* Occasional mild cold. No hay fever, sinus trouble. **Throat (or *mouth and pharynx):* Some bleeding of gums recently. Last dental visit 2 years ago. Occasional canker sore.

Neck. No lumps, goiter, pain. No swollen glands.

Breasts. No lumps, pain, discharge. Does breast self-exam sporadically.

Respiratory. No cough, wheezing, shortness of breath. Last chest x-ray, 1986, St. Mary's Hospital; unremarkable.

Cardiovascular. No known heart disease or high blood pressure; last blood pressure taken in 1998. No dyspnea, orthopnea, chest pain, palpitations. Has never had an electrocardiogram (ECG).

***Gastrointestinal.** Appetite good; no nausea, vomiting, indigestion. Bowel movement about once daily, though sometimes has hard stools for 2 to 3 days when especially tense; no diarrhea or bleeding. No pain, jaundice, gallbladder or liver problems.

(continued)

***Urinary.** No frequency, dysuria, hematuria, or recent flank pain; nocturia $\times 1$, large volume. Occasionally loses some urine when coughs hard.

Genital. No vaginal or pelvic infections. No dyspareunia.

Peripheral Vascular. Varicose veins appeared in both legs during first pregnancy. For 10 years, has had swollen ankles after prolonged standing; wears light elastic pantyhose; tried “water pill” 5 months ago, but it didn’t help much; no history of phlebitis or leg pain.

Musculoskeletal. Mild, aching, low-back pain, often after a long day’s work; no radiation down the legs; used to do back exercises but not now. No other joint pain.

Psychiatric. No history of depression or treatment for psychiatric disorders. See also *Present Illness* and *Personal and Social History*.

Neurologic. No fainting, seizures, motor or sensory loss. Memory good.

Hematologic. Except for bleeding gums, no easy bleeding. No anemia.

Endocrine. No known thyroid trouble, temperature intolerance. Sweating average. No symptoms or history of diabetes.

